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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Balderson, William, Troy, ,							
	(b) Address (number and street) 417 Coventry Circle	☐ Check if address changed			Candidate's FEC Identification Number H8OH12180			
	(c) City, State, and ZIP Code				3. Is This Ne			
	Zanesville	Ol	H 4370	1-1955	Statement (N)	OR (A)		
4.	Party Affiliation	5. Office Sought		6. State & Distri	ict of Candidate			
	REPUBLICAN PARTY	House		ОН	12			
	DE	SIGNATION OF PR	RINCIPAL	CAMPAIGN	COMMITTEE			
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s). (year of election)							
	NOTE: This designation should be f	iled with the appropriate off	fice listed in th	ne instructions.				
	(a) Name of Committee (in full)							
	Balderson for Congr	ess						
	(b) Address (number and street) 4679 Winterset Dr							
	(c) City, State, and ZIP Code							
	Columbus			ОН	43220-8113			
8.	I hereby authorize the following name		int Fundraisin	g Representative	es)	end funds on behalf of my		
	candidacy.		-iii					
	NOTE: This designation should be f	ned with the principal campa	aigh committe	ee. 				
	(a) Name of Committee (in full) Balderson Victory C	ommittee						
	(b) Address (number and street) PO Box 26141							
	(c) City, State, and ZIP Code							
	Alexandria			VA	22313-6141			
	I certify that I have exa	mined this Statement and to	to the best of i	my knowledge ar	nd belief it is true, correct a	and complete.		
Si	gnature of Candidate				Date			
В	alderson, William, Troy, ,		[Elect	ronically Filed]	05/19/2021			
N	OTE: Submission of false, erroneous,	or incomplete information r	may subject t	ne person signin	g this Statement to penalti	es of 2 U.S.C. §437g.		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	GT FARM TEAM III								
	(b) Address (number and street) PO BOX 30844 SUITE 401								
	(c) City, State, and ZIP Code								
	BETHESDA	MD	20824						
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full) TAKE BACK THE HOUSE 2022								
	(b) Address (number and street) PO BOX 30844								
	(c) City, State, and ZIP Code								
	BETHESDA	MD	20824-0844						
8.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my undidacy. NOTE: This designation should be filed with the principal campaign committee. Name of Committee (in full) FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST								
	(b) Address (number and street) PO BOX 30844								
	(c) City, State, and ZIP Code								
	BETHESDA	MD	20824						
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								